FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. NeverTrump PAC P. O. Box 320834 ADDRESS (number and street) (Check if address is changed) Alexandria 22320 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS NeverTrumpPAC@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.nevertrump.com (Check if address is changed) DATE 08 2016 C00610907 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Carolyn Nelson Spurlock Type or Print Name of Treasurer Carolyn Nelson Spurlock [Electronically Filed] 03 08 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

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